

EXHIBIT NO.

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SB 315

2013 Montana Legislature

**SB 315: Monitoring of childhood body mass index trends**

Sponsor: Senator Christine Kaufmann

The purpose of this bill is to allow Montana public health departments to gather body mass index (BMI) data as part of voluntary school screenings to track the health of children in Montana. BMI trending data is an objective clinical measure to use for the prevention and treatment of childhood obesity, as well as to evaluate the effectiveness of an intervention at a population level, such as for a school, neighborhood or community.

- Body mass index is a number calculated from a child's weight and height that is a reliable indicator of body fatness for most children and teens.
- Research has shown that BMI correlates to direct measures of body fat, such as underwater weighing and dual energy x-ray absorptiometry (DXA), but is much cheaper.
- According to the Centers for Disease Control, BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. For children and teens, BMI is age- and sex-specific.

*Why should Montanans be concerned about a healthy weight for children?*

- Being overweight or obese at a young age greatly increases the likelihood of obesity and related disease through adulthood, and can lead to chronic health problems, including type 2 diabetes and cardiovascular disease.
- Weight-related chronic diseases add high costs to health care and health insurance (private and public payers, including Medicaid and Medicare).
- Children who are overweight or obese often suffer lower academic performance and weight-related bullying as a consequence.

*What policy directions might come from the availability of state BMI trend information?*

- BMI data is required by private and government funding sources for grants related to research, prevention and treatment of childhood obesity.
- For example, Robert Wood Johnson Foundation offers large private grants related to childhood obesity, but requires measures to evaluate success before and after the intervention. BMI is often the best measure of overweight and obesity.
- Blue Cross Blue Shield of Montana offers grants for prevention of childhood obesity in partnership with local schools, currently funding Big Sky State Games and Billings Clinic to increase physical activity at schools. How will we know that school fitness programs are working to curb childhood obesity?
- Evidence-based policies for physical activity and health education in schools (not in Common Core yet) and for healthy food for School Lunch and Breakfast programs
- The Centers for Disease Control recommend that school districts coordinate, assess, develop, implement, monitor and evaluate healthy eating and physical activity policies and practices in schools. BMI trending will help schools with assessing, monitoring and evaluating policies and practices.
- Many schools are adopting policies to stop vending or selling foods with high calories and low nutritional value, such as sugary beverages and candy.



- At Chula Vista Elementary School District in San Diego, they used GIS mapping to identify neighborhoods with high childhood obesity rates (using BMI trends by school), number of fast food restaurants, and number of outdoor parks for family recreation. This increased awareness of needs for healthy food options and places for family activities.
- BMI is measured in more than 13 other states. Often, the school-specific aggregate BMI data raised awareness about childhood overweight and obesity leading to community action. Up until the community saw their own neighborhood's data, they didn't understand (or didn't believe) the magnitude of the problem.

*Is BMI the best option for objective clinical data about children's weight?*

- Centers for Disease Control endorse BMI as a strong indicator of obesity.
- Physicians agree that BMI is a very good screening tool, although not a perfect measure of obesity and overweight.
- BMI is the only accepted and required standard for documenting overweight and obesity to Medicare, Medicaid, and various granting agencies.
- BMI measures would be voluntary and parents can opt out. In states where BMI is measured, a very small number of parents choose to opt out.
- No extra funding required - BMI measurement can be done by trained public health personnel at schools, assisted by parent volunteers, similar to hearing and vision screenings.

*Does this bill include important safeguards suggested by pediatric health experts for the process of BMI measurement among schoolchildren? Yes!*

- Voluntary – schools and parents can opt-out
- Private
- Anonymous
- Aggregation of data for research/prevention purposes
- Training for those measuring BMI to include knowledge of and sensitivity to weight-related bullying and eating disorders (including anorexia, bulimia, overeating)

*What can be done for individual children who need help with overweight or obesity?*

- Physicians and health care organizations offer individual interventions for a healthy weight, often with community partners like the YMCA, as many Montana physicians and hospitals do for Diabetes Prevention Programs statewide.
- These children can be identified at physician visits, but their BMI and health information is not available to others due to health information privacy laws.
- Individual interventions require family change and are often not covered by insurance.
- Since children spend much of their time in school, there is an opportunity to offer public interventions at school and after-school programs

*What is the definition of "childhood obesity" and "childhood overweight?"*

- Health professionals consider a child obese if a child's "body mass index" (BMI) is higher than 95% of other children of the same age and sex.
- A child is considered overweight when his/her Body Mass Index is higher than 85% of other children of the same age and sex.